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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/826,117	01/09/2001	Urbain Alfred Von der Embse		4387

7590 03/06/2007  
Urbain A. von der Embse  
7323 W. 85th Street  
Westchester, CA 90045-2444

EXAMINER
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MURPHY, RHONDA L

ART UNIT	PAPER NUMBER
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2616

MAIL DATE	DELIVERY MODE
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03/06/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

5/

<b>Interview Summary</b>	Application No.	Applicant(s)	
	09/826,117	VON DER EMBSE, URBAIN ALFRED	
	Examiner	Art Unit	
	Rhonda Murphy	2616	

All participants (applicant, applicant's representative, PTO personnel):

(1) Rhonda Murphy. (3) \_\_\_\_\_

(2) Urbain A. von der Embse. (4) \_\_\_\_\_

Date of Interview: 28 February 2007.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: 7-9.

Identification of prior art discussed: \_\_\_\_\_

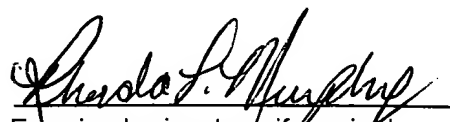
Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner assisted applicant with the proper formatting of the claimed language. Applicant will amend the claims and file a formal response to the last office action.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
Examiner's signature, if required